TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	
	WEST VIRGINIA FFA ASSOCIATION 1900 KANAWHA BLVD. E. BLD 6 230 CHARLESTON, WV 25304-0330
Prepared by	
	GRAY, GRIFFITH & MAYS, A.C. 707 VIRGINIA STREET,EAST,SUITE 400 CHARLESTON, WV 25301-2711
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER
Return must be	OGDEN, UT 84201-0027
mailed on or before	MAY 15, 2023
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

For	m g	90		Anization Exempt F 947(a)(1) of the Internal Revenue			OMB No. 1545-0047
				security numbers on this form			
		t of the Treasury venue Service		ov/Form990 for instructions and			Open to Public Inspection
A	For th	ne 2021 calend				UN 30, 2022	inoposition
в	Check i applical	f C Name of	organization			D Employer identifica	tion number
	Addr	WEST	VIRGINIA FFA ASS	OCTATION			
	Nam	0	usiness as	OCIMIION		55-603895	7
	Initia		and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone number	/
	Final		KANAWHA BLVD. E.	, , ,	230	304-558-2	347
	termi	in-	own, state or province, country, ar		150	G Gross receipts \$	166,355.
	Ame			• •			
	Appl						
		ling					
1	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	
						1	
				Association Other	I Year		
					LIU		auto of logal dofinione. It v
rnance	1	STUDENT	S IN LEADERSHIP A	ND AGRICULTURE.			
ove	3	Number of vot	-				19
Ğ	4						0
s s	5						0
vitie	6						0
ctiv	7 a						0.
A							0.
						Prior Year	Current Year
0	8	Contributions	and grants (Part VIII, line 1h)			125,137.	128,823.
nue	9	Program servi	ce revenue (Part VIII, line 2g)			0.	0.
eve	10					301.	302.
5	11					-38,550.	-33,101.
_	12	Total revenue	add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)		86,888.	96,024.
	13	Grants and sir	nilar amounts paid (Part IX, colum	n (A), lines 1-3)		0.	0.
	14	Benefits paid t	o or for members (Part IX, column	(A), line 4)		0.	0.
S	15	Salaries, other	compensation, employee benefit	s (Part IX, column (A), lines 5-10)		0.	0.
nse	16a	Professional fu	indraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraisi	ng expenses (Part IX, column (D),	line 25)	0.		
Ш	17	Other expense	s (Part IX, column (A), lines 11a-1	1d, 11f-24e)		47,185.	200,922.
Applica- pending F Name and address of principal officer.RONALD GRIMES for subordinates? I Taxexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.WVFFA.NET H(c) Group exemption number K Form of organization: Corporation Trust X Association Other L Year of formation: 192.9 M State of le Part I Summary 1 Briefly describe the organization's mission or most significant activities: EDUCATES MIDDLE AND HIGH Sociation 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 6 7 7 7 7 7 8 Contributions and grants (Part VIII, ine 1h) 125, 137. 9 0 0 0 0 0 0 0 0 0 0 0 0 0 <	200,922.						
		Revenue less	expenses. Subtract line 18 from lin	ne 12		39,703.	-104,898.
S OF					Be	ginning of Current Year	End of Year
ala	20	Total assets (F	art X, line 16)			165,718.	60,820.
at As	21					0.	0.
				om line 20		165,718.	60,820.
-	art II		and the second s				
				rn, including accompanying schedules ficer) is based on all information of wh			nowledge and belief, it is
		Signature	of officer			Data	
Sig						Date	
Her	e	Type or p	LD GRIMES, TREASU	10		Data lauri t	DTIN
		Print/Type prep		Preparer's eignature	60	Date Check	PTIN
Paid		DANNY F		101.6	17	147/2 self-employed	P00958782
	Darer	Firm's name		& MAYS, A.C.	100	Firm's EIN 5	5-0621482
Use	Only	Firm's address	CHARLESTON, WV	REET, EAST, SUITE 4 25301-2711	FOO	Phone no. (30	4) 345-9400

X Yes No

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Form 990 (2021)

May the IRS dis	cuss this return with the preparer shown above? See instructions
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2021) WEST VIRGINIA rt III Statement of Program Service Acc	FFA ASSOCIATION	55-6038957 Page 2
1 4			
-		note to any line in this Part III	
1	Briefly describe the organization's mission:		
		CIATION IS AN EDUCATIONAL	
		STUDENTS ENROLLED IN MIDDLE	AND HIGH SHCOOL
	AGRICULTURE COURSES.		
2	Did the organization undertake any significant progr	am services during the year which were not listed on	the
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule (
3		nificant changes in how it conducts, any program sen	vices? Yes X No
3		inicant changes in now it conducts, any program serv	
	If "Yes," describe these changes on Schedule O.		
4		plishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of grants and allocations t	to others, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 200,92	22. including grants of \$)	(Revenue \$
		ID SALE, STATE FFA CONVENTIO	
	CONVENTION AND FALL LEADER	CONFERENCE	
	and the second and th		
	······································		
4b	(Code:) (Expenses \$	including grants of \$	(Revenue \$
-15		BERSHIP, STATE FAIR OF WV	
		IDERDITE, DIALE FAIR OF WV	AND HEADERONIT
	SUPPORT		
	Care I Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction		
		······································	
		a and any address of the second decision of t	
			· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$	including grants of \$)	(Revenue \$
		FARM TO SCHOOL, LIVING TO	SERVE, FFA ALUMNI
		TAIL TO DEMODE, BIVING TO	
	TEACHER SUPPORT		
			······································
		and the second	
			10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including gra	nts of \$) (Revenue \$)
	incidding gia		
4e	Total program service expenses 🕨	200,922.	

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Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		X
	Schedule D, Parts XI and XII	12a	-	A
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140	-	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		X
	or more? If "Yes," complete Schedule F, Parts I and IV		1	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

55-6038957 Page 3

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X

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Form 990 (2021)

20b

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Form 990 (WEST	VIRGINIA	FFA	ASSOCIATION
Part IV	Checklist of	f Required	Schedules (co	ntinued)	

		_	Yes	No				
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete							
	Schedule J							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
Ľ	"Yes," complete Schedule L, Part IV	28a		X				
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f							
U	"Yes," complete Schedule L, Part IV	28c		x				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20						
30	contributions? If "Yes," complete Schedule M	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
UL		32		x				
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UL						
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
04	Part V, line 1	34		x				
35.9	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		x				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
00	Note: All Form 990 filers are required to complete Schedule O	38	x					
Par		00						
	Check if Schedule O contains a response or note to any line in this Part V							
			Yee	No				
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	Ī						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-						
C	(gambling) winnings to prize winners?	10						
			990	(2021)				

100005	10_00_01

Part V

021) WEST VIRGINIA FFA ASSOCIATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X							
b	o If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X							
b										
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a										
	any contributions that were not tax deductible as charitable contributions?	6a	X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c	X							
d	If "Yes," indicate the number of Forms 8282 filed during the year7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
С	Enter the amount of reserves on hand 13c									
14a		14a	X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15	X							
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X							
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

	990 (2021) WEST VIRGINIA FFA ASSOCIATION		55-6038	3957	P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C					
-	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	19	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	(2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					77
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			78		A
D	persons other than the governing body?			7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		A
8	The governing body?			8a	x	
	Each committee with authority to act on behalf of the governing body?			8b	- 23	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			1		
000					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
2	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed WV					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-1 (section 501(c)(3)s only) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.		the shale Of			
10	Own website Another's website X Upon request Other (explain			ad Ca		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	or interest policy, a	ria fina	ncial	
00	statements available to the public during the tax year.	olie	nd records			
20	State the name, address, and telephone number of the person who possesses the organization's bound $r = 20.4 - 55.9 - 23.47$	ooks a				
	KELLY TURLEY - 304-558-2347 1900 KANAWHA BLVD. EAST, BUILDING 6 ROOM 230, CHAF	TE	TON WV	2530	15	
		wome shull be			-	

Form 990 (2021) WEST VIRGINIA FFA ASSOCIATION 55-6038957 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.
 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	not c	SS DB	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)		compensation from the organization and related organizations
(1) GABRIELLE WOLFE	2.00									
PRESIDENT				X		-		0.	0.	0
(2) SHAYLA BOURN	2.00		1							
SECRETARY			-	X				0.	0.	0
(3) KAITLYN LUIKART	1.00									
VICE PRESIDENT - SOUTHWEST				X				0.	0.	0
(4) CHLOE GILKERSON	1.00									
VICE PRESIDENT - EASTERN			_	Х		_		0.	0.	0
(5) ALLISON WICKLINE	1.00									
VICE PRESIDENT - NORTHCENT				X				0.	0.	0
(6) NATHAN TAYLOR	1.00									
STATE ADVISOR				X				0.	0.	0
(7) CREED AMMONS	1.00									
PAST STATE PRESIDENT		-		X	-			0.	0.	0
				-		-				
		-								
		-								
		1	-	-	-	_				
		1								

	t VII Section A. Officers, Directors, Tru (A)	(B)	pioy		(0)		stud	(D)	(E)		(F)
	Name and title	Average hours per week	box offic	not c	Posi heck i ss per id a di	more rson i	than of s both	han	Reportable compensation from	Reportable compensation from related		Estim amou oth	nt of er
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)		omper from organiz and re organiz	the ation lated
						_							
							_						
											-		
1b	Subtotal								0.	the second).		0
	Total from continuation sheets to Part Total (add lines 1b and 1c)								0.).		0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed at	oove	e) wh	no re	ceived more than \$10	0,000 of reportable			
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for										[Ye	s No
4	For any individual listed on line 1a, is the s and related organizations greater than \$1	sum of reportab 50,000? If "Yes,	le co	omp mpl	ensa ete S	ation Sche	and	d oth	er compensation from or such individual	the organization		4	X
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co tion B. Independent Contractors											5	X
	Complete this table for your five highest of										ensatio	on fron	1
1			ear	endi	nn 14			ithin	the organization's tax	year.		(0)	
1	the organization. Report compensation fo (A) Name and busines					vith	or w		(B) Description of	services	Corr	(C) pensa	tion
1	(A)			ONI		Vith	orw		(B) Description of	services	Corr		tion
1	(A)					Vith	or w			services	Com		tion
1	(A)					vith				services	Com		tion

(

	<u>1 990 (</u> rt VII	2021) WES	T	VIRGIN	IIA	FFA ASS	OCIATION		55-6038	957 Page 9
- Tu		Check if Schedule O			nse	or note to any lin	e in this Part VIII			
0							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues				34,380.				
Am Am		Fundraising events								
Giff		Related organizations								
ns,		Government grants (contr				7,500.				
utio	f	All other contributions, gifts,	-			05 040				
Oth		similar amounts not included				86,943.				
non	-	Noncash contributions included in					128,823.			
00	n	Total. Add lines 1a-1f				Business Code	140,043.			
Ø	2 a				1	Dusiness Couc				
vic	b									
Ser	c									
Program Service Revenue	d									
Bog	е	-								
Pr	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f								
	3	Investment income (includ								
		other similar amounts)					302.	302.		
	4	Income from investment of			-					
	5	Royalties		(i) Real		(ii) Personal				
	0	Orean rents	0	(i) heat		(II) Personal				
	6 a	Gross rents	6a 6b							
		Less: rental expenses Rental income or (loss)	60							
		Net rental income or (loss)					· · · · · · · · · · · · · · · · · · ·			
		Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
venue		and sales expenses	7b							
evel		Gain or (loss)	7c		_					
r B		Net gain or (loss)								
Other Re	8 a	Gross income from fundraisi						1		
0		including \$								
		contributions reported on Part IV, line 18		,	8a	37,230.				
	h	Less: direct expenses			8b					
		Net income or (loss) from					-33,101			-33,101.
		Gross income from gamin		-						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from	-	•	s	•				
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b		and the second			
	C	Net income or (loss) from	sales	s of invento	ry	Business Code				
Sno	11 a					Duameaa Code				
Miscellaneous Revenue	b				_		and the second second			
celle	с									
Misc	d	Ali other revenue								
	e	Total. Add lines 11a-11d								
	12	Total revenue See instruction	200				96.024.	. 302.	0.	-33,101.

Form 990 (2021) WEST VIRGINIA FFA ASSOCIATION Part IX Statement of Functional Expenses

4	Check if Schedule O contains a respons	e or note to any line in t			
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
0	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disgualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
0	Other employee benefits				A
9					
10	Payroll taxes Fees for services (nonemployees):				
11					
a					
b	F				
C	-				
d	Destanting of the design of the Dest IV line 47				
e					n
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				W
13	Office expenses				
14					
15					10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	179,674.	179,674.		
19		119,014.	119,014.		
20 21	Interest Payments to affiliates				N
21	Depreciation, depletion, and amortization				
22					
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TRA DOLDAR TON COMPANY	15,627.	15,627.		
b		5,121.	5,121.		
c	LTT TITLE AT THATT	500.	500.		
d		500.	500.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	200,922.	200,922.	0.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

WEST	VIRGINIA	FFA	ASSO	CIATI	ON
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		Check if Schedule O contains a response or not	te to any line in this Part X			
)				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		134,654.	1	29,454.
	2	Savings and temporary cash investments		31,064.	2	31,366.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disguali				
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
	1	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		165,718.	16	60,820.
	17	Accounts payable and accrued expenses		17		
	18			18		
	19	Grants payable Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
-	22	Loans and other payables to any current or form				
Liabilities	22	trustee, key employee, creator or founder, subs				
bili		controlled entity or family member of any of the			22	
Lia	00	Secured mortgages and notes payable to unrela			23	
	23				24	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-			
		of Schedule D	ST-24). Complete Part A		25	
	06	Total liabilities, Add lines 17 through 25		0.		0.
	26	Organizations that follow FASB ASC 958, che			20	0.
es						
Inc	07	and complete lines 27, 28, 32, and 33.			27	
Sala	27	Net assets without donor restrictions			28	
pu	28	Net assets with donor restrictions			20	
Fur		Organizations that do not follow FASB ASC 9	58, check here			
or	00	and complete lines 29 through 33.		0.	20	0.
ets	29	Capital stock or trust principal, or current funds		0.	29	0.
SS	30	Paid-in or capital surplus, or land, building, or ed		165,718.	30	60,820.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				60,820.
Z	32	Total net assets or fund balances		165,718.		60,820.
	33	Total liabilities and net assets/fund balances		165,718.	33	Form 990 (2021)

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

	990 (2021) WEST VIRGINIA FFA ASSOCIATION	55-603	<u>8957</u>	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,9	the same of the sa
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	5,7	18.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	0,8	20.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	_	
	If the organization changed either its oversight process or selection process during the tax year, explain on S	chedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
Ja	Act and OMB Circular A-133?		За		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audit			
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(202

SCHEDULE A	Dublic Obe				1	OMB No. 1545-0047
(Form 990)	Complete if the organ	rity Status an hization is a section 501 47(a)(1) nonexempt cha	(c)(3) organizatio			2021
opartment of the Treasury Internal Revenue Service		Attach to Form 990 or F v/Form990 for instruction	orm 990-EZ.	tinformation		Open to Public Inspection
Name of the organizati				t information.	Employer	identification number
	WEST VIRGINIA	FFA ASSOCIAT	ION		5	5-6038957
	for Public Charity Status.				ns.	
	a private foundation because it is: (
	nvention of churches, or association of churches, or association of churches, or association of the section 170(b)(1)(A)(ii).)(1)(A)(I).		
	a cooperative hospital service orga)(iiii).		
	search organization operated in co				(iii). Enter	the hospital's name,
city, and stat						
	ion operated for the benefit of a co	llege or university owned	or operated by a	governmental	unit describ	ed in
	(b)(1)(A)(iv). (Complete Part II.)	mental upit described in a	action 170/b)(1)(A.V. A		
	ate, or local government or governm ion that normally receives a substa				the general	public described in
	(b)(1)(A)(vi). (Complete Part II.)	part of ito outport in	gerennion		Jenoral	
	rust described in section 170(b)	(1)(A)(vi). (Complete Part	11.)			
9 An agricultur	al research organization described	in section 170(b)(1)(A)(i	x) operated in con	njunction with a	a land-grant	college
or university	or a non-land-grant college of agric	culture (see instructions).	Enter the name, o	city, and state of	of the college	e or
university:	·		art from contribu	tions member	hin food or	d gross respirts from
	ion that normally receives (1) more ated to its exempt functions, subject					
	unrelated business taxable income					
	509(a)(2). (Complete Part III.)					
	ion organized and operated exclus					
	ion organized and operated exclus					
	y supported organizations describe					check the box on
	ough 12d that describes the type o supporting organization operated, s					aivina
	rted organization(s) the power to re					
	on. You must complete Part IV, Se					
	supporting organization supervised					
control or r	management of the supporting org	anization vested in the s	ame persons that	control or man	age the sup	ported
	on(s). You must complete Part IV,			h and function	- III into event	a d with
	nctionally integrated. A supportin ted organization(s) (see instructions				any integrate	ea with,
	on-functionally integrated. A supp				orted organi	zation(s)
	functionally integrated. The organi					
requiremen	nt (see instructions). You must con	mplete Part IV, Sections	A and D, and Pa	art V.		
	box if the organization received a			is a Type I, Typ	e II, Type III	
	y integrated, or Type III non-function					
	of supported organizations					
(i) Name of supp		(iii) Type of organization	(iv) is the organization liste in your governing document	ed (v) Amount	of monetary	(vi) Amount of other
organizatio	n	(described on lines 1-10 above (see instructions))	Yes No	support (see	instructions)	support (see instructions)
Total						
Total						the second se

Schedule A (Form 990) 2021 WEST VIRGINIA FFA ASSOCIATION Part II

 (Form 990) 2021
 WEST VIRGINIA FFA ASSOCIATION
 55-6038957
 Page 2

 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1.	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Column (f) Public support, Subtract line 5 from line 4.	- Carlo Bran San					
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2017	(0) 2018	(0) 2019	(0) 2020	(e) 2021	(I) TOtal
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	5						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·					
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-			-		
-	organization, check this box and stop						
	ction C. Computation of Publi	and the second se				T 1	
14	Public support percentage for 2021 (li					14	%
15							%
16a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstan	ces test, check this	s box and stop he	re. Explain in Parl	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circu	mstances test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu	imstances test. T	he organization qu	alifies as a public!	y supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	ns >

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Schedule A (Form 990) 2021 WEST VIRGINIA FFA ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	94,568.	311,256.	249,202.	125,137.	128,823.	908,986.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	243,300.					243,300.
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	337,868.	311,256.	249,202.	125,137.	128,823.	1,152,286,
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						0.
b) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year						0.
0	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,152,286.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	337,868.	311,256.	249,202.	125,137.	128,823.	1,152,286.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	337,868.	311,256.	249,202.	125,137.	128,823.	1,152,286,
	First 5 years. If the Form 990 is for th						
	check this box and stop here						
Se	ction C. Computation of Publ						
	Public support percentage for 2021 (column (fl)		15	100.00 %
	Public support percentage from 2020		-				100.00 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					the second secon	
192							► X
	more than 33 1/3%, check this box a		-				
E.	33 1/3% support tests - 2020. If the	-					
00	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	Private toundation. If the organization	IT did hot check a	DOX OIT III 10 14, 19	a, or 190, check th	is but and see in	audulous	

55-6038957 Page 4

Schedule A (Form 990) 2021 WEST VIRGINIA FFA ASSOCIATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 90

10a

	rt IV Supporting Organizations (continued)		Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?		100	110
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1	1	
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	.).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstructio	ons).	-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

that these activities constituted substantially all of its activities.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (Form 990) 2021 WEST VIRGINIA FFA ASSOCIATION 55-6038957 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

WEST VIRGINIA FFA ASSOCIATION

Part V	Type III Non-Functional	y Integrated 509(a)(3)	Supporting	Organizations (continued)	

				Current Year
			1	
	ot purposes of supported			
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
Amounts paid to acquire exempt-use assets			4	
	ovide details in Part VI)		5	in the second second
Other distributions (describe in Part VI). See instructions.			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the	ne organization is responsive	•		
(provide details in Part VI). See instructions.			8	
Distributable amount for 2021 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
Distributable amount for 2021 from Section C, line 6				
Underdistributions, if any, for years prior to 2021 (reason-				
From 2017				
			1	
	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which th (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount tion E - Distribution Allocations (see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 3g, and 3i from line 3f. Distributions for 2021 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions for part years Applied to underdistributions for part years Applied to underdistributions of prior years Applied to underdistributions for part years Applied to 2021 distributable amount Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess from 2017 Excess from 2018 Excess from 2018 Excess from 2019 Excess from 2020	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt-use assets Qualified setaside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 From 2010 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity furthers exempt purposes of supported organizations, in excess of income from activity. Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Coullified setaids amounts (prior IRS approval required - provide details in Part VI). Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Ine 8 amount divided by line 9 amount (i) Iton E - Distribution Allocations (see instructions. Excess Distributions Distributions if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2018 From 2019 From 2019 From 2019 From 2019 From 2019 Excess distributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 101 applied (see instructions) Fremaider.	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Cullified set-aside amounts (or IPIS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions, dad lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details and part VI). See instructions. 8 Distributions and divided by line 9 amount 10 10 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 8 Excess distributions carryover, if any, to 2021 7 7 From 2016 7 7 From 2018 7 7 From 2018 7 7 From 2018 7 7 From 2018 7 7 From 2016 7 7 From 2018 7 7

Schedule A	(Form 990)	2021

WEST VIRCINIA FEA ASSOCIATION

Schedule A	(Form 990) 2021 WEST VIRGINIA FFA ASSOCIATION 55-6038957 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
······································	

Schedule B

partment of the Treasury ernal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

	WEST VIRGINIA FFA ASSOCIATION	55-6038957
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

HA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

the second se	e B (Form 990) (2021)			Page 2
Name of	organization		Employ	ver identification number
EST	VIRGINIA FFA ASSOCIATION		55	-6038957
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	NATIONAL FFA ORGANIZATION 6060 FFA DRIVE INDIANAPOLIS, IN 46268-0960	\$6,4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	WV DEPARTMENT OF AGRIGULTURE CAPITOL COMPLEX, BUILDING 1, ROOM E28 CHARLESTON, WV 25305-0330	\$7,5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3	WEST VIRGINIA DEPARTMENT OF EDUACTION 1900 KANAWHA BOULEVARD, EAST BUILDING 6, SUITE 825 CHARLESTON, WV 25305-0330	\$13,1	90.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4	WV FFA FOUNDATION 860 BAR RUN ROAD RAVENSWOOD, WV 26164	\$11,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5	KROGER 3631 PETERS CREEK RD ROANOKE, VA 24019	\$6,2	40.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6	PIERSON LUMBER PO BOX 146 CLAY, WV 25043		69.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

ame of organization		E	mployer identification num
EST VIRGI	NIA FFA ASSOCIATION		55-6038957
Part II Nonca	ash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

(

Employer identification number

	VIRGINIA FFA ASSOCIATIO	DN	55-6038957		
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in se	ection 501(c)(7) (8) or (10) that total more than \$1,000 for the		
	from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) > \$				
	Use duplicate copies of Part III if additional	I space is needed.			
a) No. from	(b) Purpose of gift (c) Use of gift				
Part I	(b) i di pose di gitt	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(0) 000 01 girt	(a) becomption of new girt to here		
-		(e) Transfer of gift			
		(c) Handler et gitt			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
	* . · · · · · · · · · · · · · · · · · ·				
			and the second		
a) No.		1			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		1			
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4 Relations		Relationship of transferor to transferee		
a) No.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
a) No. from Part I	(b) Purpose of gift				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I		(e) Transfer of gif			
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gif			
a) No. from Part I		(e) Transfer of gif			

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization		Employer identification number 55-6038957
FORM 990, PA	RT VI, SECTION A, LINE 8B:	
	G MEMBERS OF THE GOVERNING BODY HAVE NO MATER S AMONG MEMBERS	NAL DIFFERENCES I
	RT VI, SECTION B, LINE 11B: LATED TO FORM 990 ARE AVAILABLE TO MEMBERS UP	ON REQUEST
FORM 990, PA	RT VI, SECTION C, LINE 19:	
GOVERNING DO	CUMENTS ARE MADE AVAILABLE UPON REQUEST	
)		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 20